Prescription Monitoring Program Annual Report

Fiscal Year 2012-2013

July 1, 2013

Introduction

Act 676 of the 2006 Louisiana Legislature authorized the development, implementation, operation, and evaluation of an electronic system for the monitoring of controlled substances and other drugs of concern that are dispensed within the state or dispensed by a licensed pharmacy outside the state to an address within the state. The goal of the program is to improve the state's ability to identify and inhibit the diversion of controlled substances and drugs of concern in an efficient and cost-effective manner and in a manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.

Implementation

The Prescription Monitoring Program (PMP) was implemented in August 2008. We notified pharmacies of their requirement to report all eligible prescription transactions to the program, and further, required them to report all historical data retroactive to June 1, 2008 no later than December 31, 2008. In December 2008, the Board notified all prescribers and dispensers wishing to acquire direct access privileges of the requirement to complete the web-based orientation program prior to receiving their access privileges. The web portal to the program database was opened to queries on January 1, 2009, and the program remains fully functional.

Advisory Council

The enabling legislation created the PMP Advisory Council to assist the Board in the development and operation of the program. The Board shall seek, and the advisory council shall provide, information and advice regarding: (1) which controlled substances should be monitored, (2) which drugs of concern demonstrate a potential for abuse and should be monitored, (3) design and implementation of educational courses required by the PMP law, (4) methodology to be used for analysis and interpretation of prescription monitoring information, (5) design and implementation of a program evaluation component, and (6) identification of potential additional members to the advisory council. The original legislation specifically identified the 25 organizations named to the council and further, named the leader of the organization but permitted the leader to name a designee to function in the absence of the appointee. The organizations represented on the council include the licensing agencies for the prescribers and dispensers, the professional membership organizations for the prescribers and dispensers, organizations representing federal, state, and local law enforcement agencies, as well as representatives from the legislature. The advisory council has elected its own leadership, adopted policies and procedures for its operations, and meets on a quarterly basis.

Program Metrics

The data on the following page provides summary data for the operational aspects of the program – number of prescription transactions reported to the program database, number of prescribers and dispensers registered to access the program data, the number of queries performed by those authorized prescribers and dispensers as well as law enforcement agencies and regulatory agencies.

Louisiana Board of Pharmacy Prescription Monitoring Program

Total		61,501,656		3,652	2,380		2,158,042	720,822	4,266	6,135	1,759		
2013		6,460,342		283	314		406,897	168,933	622	705	3,163		
2012		12,990,011		574	494		650,514	212,754	845	1,584	2,372		
2011		12,775,367		548	361		496,270	153,783	1,230	1,612	1,788		
2010		12,116,982		721	483		368,376	111,075	888	1,401	1,319		
2009		11,143,865		1,526	728		235,985	74,277	089	833	854		
2008		6,015,089											
	Prescription Database:	Transactions Reported	Access to Program Data:	New prescribers registered	New dispensers registered	Reports from Queries by Users:	Solicited by prescribers	Solicited by dispensers	Solicited by law enforcement	Solicited by regulatory agencies	Average queries per day		

Funding

It is important to note there is no legislative appropriation for the program. The program is funded through the collection of annual fees from all prescribers of controlled substances as well as all pharmacies licensed by the Board of Pharmacy. The annual fee shall not exceed \$25.

For Fiscal Year 2012-2013, the program received revenues of \$487,685. Of that amount, \$40,035 came from a one-time grant from the National Association of Boards of Pharmacy (NABP); the grant completely defrayed the cost of preparing the program's software to interface with NABP's Prescription Monitoring Program InterConnect (PMPi). The NABP PMPi is a secure network connecting state prescription monitoring programs to facilitate the sharing of PMP data across state lines. The network is still growing, but approximately half of the states now participate. During the fiscal year, the program sustained expenditures of \$323,814. Professional services from the program vendor consumed 34% of the total expenses, and staffing costs represented another 57% of that total. The remaining 9% represents operating costs such as postage, telephone, etc. With respect to the excess revenues, the Board intends to make additional investments in software enhancement to facilitate the sharing of data through other mechanisms such as health information exchanges and interfaces with professional practice management information systems.

Outlook for Next Fiscal Year

The program continues to enroll new authorized users, and the daily average number of queries continues to increase. With assistance from the licensing agencies encouraging use of the program by their licensees, we hope to improve on the current 30% registration rate, as well as the daily query rate of approximately 3,200.

Conclusion

The program has completed approximately five years of operation. Based on feedback from authorized users, it appears to represent an efficient and cost-effective use of resources. Data from the program suggests we have made some early contributions to the reduction of diversion of controlled substances. Our interstate collaborations have yielded high marks for our program design and operation. We look forward to fully developing the potential of our program to identify and inhibit the diversion of controlled substances in Louisiana.

We acknowledge the contributions from Ms. Sarah Stevens and Ms. Danielle Clausen, our Administrative Coordinators, and Mr. Joseph Fontenot, Program Manager, for their participation in the development of this report and the operation of the program.

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